LEADERSHIP EDUCATION FOR CHILDREN WITH NEURODEVELOPMENTAL AND RELATED DISABILITIES

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PROGRAM GUIDANCE FOR FORM PHS-6025-1

A Leadership Education Program
of the
Maternal and Child Health Training Program
Division of Research, Training and Education
Maternal and Child Health Bureau
Health Resources and Services Administration
Department of Health and Human Services

APPLICATION DEADLINE
October 12, 2000

This document is NOT a complete kit

LEADERSHIP EDUCATION FOR CHILDREN WITH NEURODEVELOPMENTAL AND RELATED DISABILITIES

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PROGRAM NOTES

Thank you for your interest in Maternal and Child Health Leadership Education for Children with Neurodevelopmental and Related Disabilities (LEND). This application guidance has been prepared to aid institutions of higher learning seeking to apply for a grant in this program area. Grant support is available from the Division of Research, Training and Education (DRTE), part of the Maternal and Child Health Bureau (MCHB) of the Health Resources and Services Administration (HRSA) in the Department of Health and Human Services (DHHS).

We are aware that preparation of this application will involve a considerable commitment of time and energy. The information provided is included in order to clearly specify what is expected of programs competing for funds in this category.

You are welcome to contact program staff at the MCHB *(identified in this guidance under "Application Process"- **you are asked to notify the Bureau of your intent to apply for this competition by August 15, 2000**)* to answer questions, provide clarification, give consultation, or provide feedback. Information about the Maternal and Child Health Bureau, application guidance, and application forms, (and any updates) for MCHB programs is available from the MCHB website at:

http://www.mchb.hrsa.gov

If you have difficulty accessing the MCHB homepage via the world wide web and need technical assistance, please contact the Information Technology Branch at (301) 443-8989 or Internet E-mail at webmaster@psc.gov.

In order to download grant guidance files, select "Grant Guidance" then click on the file name you want to download to your computer. It will be saved as a self-extracting WordPerfect 6.1 file or Adobe Acrobat format. The Adobe Acrobat Reader is available for download on the MCHB Homepage. For those who are unable to access application materials, electronically, additional printed copies of the guidance for this category and PHS Form-6025-1 can be obtained from the HRSA Grants Application Center. The Center may be contacted by telephone at 1-877-4772(HRSA)-123; or Internet E-mail at HRSA.GAC@hrsa.gov. Please specify CFDA #93.110TM application materials for LEND.

UNMET NEED

We are fortunate that the health and well-being of America's children and families are better today than at any time in our past. Many of the diseases that threatened certain death for children in the earlier part of this century have all but disappeared. Our progress toward improved child health has been marked, especially in terms of reduced mortality from infectious agents and inadequate dietary nutrients. However, there remains significant preventable morbidity and mortality, and enhanced opportunities for achievement, particularly with the application of new knowledge about the genome, the developing brain, and central nervous system.

Advances in biomedical science have expanded our diagnostic and therapeutic knowledge. Yet, microbes have yielded to "macrobes" such as drug abuse, cigarette smoking, poverty, injury, violence, hunger, dietary excess and imbalance, and poor access to quality primary care and health promotion and disease prevention services. Moreover, sharp discrepancies persist in the availablity and quality of health services related to income, ethnic background, and geographic location. In addition, managed care models for organization and delivery of health services have emerged, dramactically changing professional practice and the health care services landscape. These issues are of particular concern for children with special health care needs and their families.

Nationwide, the number of children with special health care needs, including those with disorders of the brain or central nervous system, either of congenital onset or acquired through injury or illness, ranges from an estimated 1.7 million suffering from severe disability to 25.7 million with some type of limited or mild disability. Consequently, there is a substantial need to enhance the quality of life for children with disabilities and their families, to achieve full inclusion of children with developmental disabilities in their communities, to maximize their potential for leading independent and productive lives, and ultimately, to reduce preventable disability. The goal is also to achieve equal rights and access, cultural competence, self-determination, and the highest quality of life within a society that embraces children with developmental disabilities as full partners and citizens empowered to meet their full potential.

Today, and for the foreseeable future, we will continue to face challenges endangering the health and well-being of our children. We must address the current unmet needs of our children and seek the knowledge necessary to create new opportunites to advance their health and well-being. Our challenge is to invest wisely and assure a healthy tomorrow and a bright future for all America's children and familes.

BACKGROUND

The Division of Research, Training and Education's (DRTE) Maternal and Child Health Training Program (MCHTP) provides leadership and direction in educating and training our nation's future leaders in maternal and child health. The MCHTP is authorized under Section 502 of Title V of the Social Security Act, as amended to make strategic investments in public and nonprofit institutions of

higher learning for MCH leadership education. These awards share the common goal of improving the health status of pregnant women, infants, children, adolescents and their families, including women of reproductive age, fathers and children with special needs (CSHCN).

In 1935, Congress enacted Title V of the Social Security Act authorizing the Maternal and Child Health Services Programs. This remarkable legislation has provided a foundation and structure for assuring the health of mothers and children in our nation, now for more than 60 years. Title V was designed to improve health and assure access to high quality health services for present and future generations of mothers, infants, children and adolescents, including those with disabilities and chronic illnesses, with special attention to those of low income or with limited availability of health services.

Today, Title V is administered by the Maternal and Child Health Bureau (MCHB) which is a part of the Health Resources and Services Administration (HRSA) in the U.S. Department of Health and Human Services (DHHS). Under Title V of the Social Security Act, the Maternal and Child Health Services Block Grant program has three components; Formula Block Grants to States, Special Projects of Regional and National Significance (SPRANS) and Community Integrated Service Systems (CISS) grants. Using these authorities, the MCHB has forged partnerships with States, the academic community, health professionals, advocates, communities and families to better serve the needs of our nation's children.

Through institutions of higher learning, the MCHTP supports leadership education primarily focused on long-term trainees at the graduate and postgraduate levels. These investments are intended to accomplish the dual objectives of developing high levels of clinical expertise, skills and competence and leadership attributes that extend beyond such skills and acumen. The key elements for high quality care for our children include:

> *leadership* - the insightful ability to guide professional endeavors in new and promising directions;
>
> *scholarship* - the insightful ability to advance knowledge through study and investigation; and,
>
> *partnership* - the insightful ability to cooperate and collaborate with educators, multi-disciplinary academics, community organizations, practitioners, policy makers, parents and families for a common purpose.

Taken together, these three elements, combined with the basic science of the particular domain or discipline, afford a unique opportunity to create centers of excellence for dynamic learning and achievement of our shared goals.

Consequently, all leadership education programs are expected to engage in the pursuit of new knowledge through critical inquiry and research, to provide professional consultation and technical assistance to State and local health agencies (especially Title V agencies), and to provide continuing education activities for the MCH practice communities and families. In addition, grantees are expected to advocate for children and influence changes in academia through the inclusion in curricula of additional content relative to MCH issues and problems.

Leadership education places emphasis on those curriculum and practicum areas that relate to: populations as well as individuals; integrated systems of care as well as components of service systems; a health or medical home as well as the array of necessary specialized care settings. Significant curriculum attention is also paid to community-based, culturally senstive and family-centered services. In addition, curriculum and practicum include a focus upon program administration, public policy, and advocacy. Grants also provide support for faculty and staff, trainees selected by the grantee, clinical and field resources necessary to accomplish the training, and relevant administrative and support services necessary to include families as partners.

PROGRAM OBJECTIVES

Leadership education grants are awarded to establish and enhance *Centers of Excellence for Children with Neurodevelopmental and Related Disabilities.*
These awards are expected to improve the health of children and their families by promoting the healthy growth, development, and maturation of infants, children and adolescents with, or at risk for, neurodevelopmental and related disabilities. These leadership education grants will advance professionalism in caring for children with such conditions as developmental delay, mental retardation and other disorders of cognition, language, attention and movement, that are the result of congenital, neurodegenerative, and acquired neurological disorders. In order to achieve their full potential, children with these and related conditions and their families require assistance from dedicated, caring, well educated and competently trained interdisciplinary teams of health professionals.

Given the complex and broad range of needs manifested by children with neurodevelopmental disabilities, advances in science, new understanding of the human brain, and major changes in the health care environment, it is especially important to articulate a precise and unique vision of the LEND program. At its core, the LEND Programs conceptual framework is grounded within a family and community context, built upon state-of-the-art science-based judgements, and the assurance that our present and future high quality service systems for children and families with special needs, will be directed by caring, high performing, health professional leaders.

The LEND Programs will advance the knowledge and skills of the full range of pediatric health professionals needed to enhance care effectiveness in primary, secondary, and tertiary health care delivery in settings such as homes, ambulatory care facilities, managed care and office settings, community-based and hospital health facilities, and schools.

The LEND Programs will stimulate, support, and secure high quality education and training for health professionals who will enhance systems of care for children with special health care needs and their families. In addition to academic excellence, the educational curricula will emphasize the integration of services supported by States, local agencies, organizations, private providers, and communities into a seamless system. Understanding the many influences on the health status and quality of health care for children with neurodevelopmental disabilities, such as the environment, life-style and cultural values, economic, legal and political conditions, and technical advances are vital components of leadership training. Moreover, by focusing upon the importance of prevention and the benefits of coordinated health care, families and practitioners, working as partners within their communities, will be able to develop creative approaches for improving the health of children and families.

The LEND Programs will prepare health professionals to assist children and their families to achieve their developmental potentials by forging a community-based partnership of health resources and

community leadership. The LEND Programs will improve access to health care for the Nation's medically vulnerable and needy children, while improving the quality and reducing the overall long-term costs of health care in America through leadership education.

The LEND Programs will enhance primary health care and public health, reduce barriers to needed health services, reduce health status disparities for underserved and special populations, and assure quality of care. This is to be accomplished by developing and promoting innovative practice models for improved and expanded health care services; enhancing cultural competency; improving and expanding partnerships between disciplines, families, education and practice; achieving the *Healthy 2010 People Objectives;* and attaining health systems integration.

Specifically, the LEND grants are awarded to educate and develop leadership in maternal and child health centers of excellence which are actively engaged in all three domains:

- **graduate education** of interdisciplinary maternal and child health professionals in collaboration with children, their families and communities, for key leadership positions in education, service, research, administration and advocacy in order to improve the health and well-being of the MCH populations;

- **faculty development** to enhance the MCH Education in the LEND Programs through investing in its faculty's education and professional growth. The program's faculty development may include (but are not limited to) enhancing curriculum development and dissemination skills, enhancing clinical skills, effective utilization of teaching models and leadership education to enhance all levels of higher education. In addition, faculty development may include training in the use of qualitative and quantitative analytic techniques and advance technology for dynamic learning for onsite and in remote areas; and

- **continuing education, consultation and technical assistance** geared to the needs of MCH health professional, policy makers and families.

It is the intent of this guidance to respect, appreciate, and encourage innovation, creativity, and regional variation and diversity as it applies to program structure, organization, and operations. Flexibility with respect to program design and implementation while acceptable, should not compromise the primary purpose of these investments, the academic integrity, or education commitment expected of the program to the students, clients, and families.

PROGRAM REQUIREMENTS

I. PHYSICAL RESOURCES

Faculty and staff office space, classrooms, library, audiovisuals and computer resources must be available to the program and should be at least at the level available to other comparable programs in the school.

II. FACULTY

In keeping with the specialized nature of this program, standards are specified regarding the multiple health professional disciplines which constitute the fundamental core faculty appropriate for MCH support, including their qualifications, responsibilities, and functions. It is not, however, the intent of this guidance to prescribe all details of the faculty arrangements and participation.

- The highly sophisticated nature and complexity associated with interdisciplinary education demands special faculty commitment and dedication.
- Programs must document appropriately qualified core faculty with adequate time commitment to participate fully in all components of the training program.
- Grant support for faculty is to assure dedicated time for meeting the explicit objectives of the training program.
- The role of Project Director shall constitute a major professional responsibility and time commitment of the person appointed to the position.
- Those faculty who are at an organizational level superior to that of the Project Director, or who are not subject to the Project Director's administrative direction, such as academic deans, department chairs and others in similar positions, while highly valued faculty, may not serve as core faculty, or receive payment from project funds.
- Non-MCHB sources of support for core faculty may be used, in whole or in part, so long as such support does not detract from their commitment of time and function to the training program.

A. Core Faculty Composition

LEND Project Director - A Board Certified pediatrician *with training in child development*

with at least 3, preferably 5 years experience in programs serving children with mental retardation, neurodevelopmental disabilities and other special health care needs is preferred. However, other equally qualified and experienced individuals may be considered.

1. Audiology
2. Health Administration
3. Nursing
4. Nutrition
5. Occupational Therapy
6. Pediatrics
7. Pediatric Dentistry
8. Physical Therapy
9. Psychology
10. Social Work
11. Speech-Language Pathology

- In addition to the 11 academic disciplines of the core faculty listed above, parents of children with neurodevelopmental disabilities should be paid staff or consultants or faculty to the LEND project.

- In some instances, not all 11 academic disciplines of the core faculty members listed above may be regionally located or proximal to the home institution. If so, flexibility is permitted to the extent that alternative arrangements are academically and educationally acceptable and appropriate, and patient care is acceptable and uncompromised. These arrangements must be clearly specified.

- Participation of faculty from other relevant disciplines is encouraged.
  It is highly desirable that additional disciplines be included in the core faculty. These

disciplines may include, but are not limited to, child psychiatry, pediatric neurology, neurodevelopmental disabilities, behavioral pediatrics, medical genetics, law, ethics, and special education.

B. Qualifications and Appointments

- Core faculty must meet at least the minimum standards of education, experience and certification/licensure generally accepted by their respective professions.

- Each core faculty must demonstrate leadership and must have teaching and clinical experience in pediatrics and in providing health and related services to the special health care needs population on which this program is focused.

- Wherever possible programs are expected to accord recognition for each core faculty, in the form of an academic appointment in the appropriate degree granting school or department of his/her profession in the grantee and/or an affiliated institution of higher learning. This appointment is in addition to the core faculty's appointment in the employing institute/center/program.

- It shall be the responsibility of the appointing academic school or department to determine the basic faculty qualifications, and the responsibility of the employing program to determine and document the additional specialized pediatric training and clinical experience. Core faculty may be functionally, programmatically, or academically responsible to such positions as may be specified in the approved plan and position descriptions, but must be responsible to the LEND Project Director for the time allocated to the project.

C. Functions and Responsibilities

Core faculty are the chief representatives of their respective professions in the program. As such, they:

- individually, have primary responsibility for planning, implementing, coordinating, and assuring supervision of all training and service elements of their discipline components and, collectively, for the interdisciplinary core curriculum of the overall interdisciplinary leadership training program for all trainees;

- define appropriate criteria for recruitment of trainees of their discipline and jointly select trainees with the appropriate academic school or department and the training director and/or committee;

- serve as the primary liaison between the program and their professional associates, academic affiliates, clinical departments, and discipline counterparts in state and community programs and provide a developmental pediatric perspective to trainees in child health across their institution of higher learning;

- represent their discipline on internal program, policy or governance committees;

- provide supervision and professional leadership for others of their discipline in the program; and,

- engage in scholarship directed toward the areas of integrated systems of quality care, capacity building, partnership, performance measures, quality assurance and improvement, managed care systems, policy analysis, and other important areas established by MCHB.

III. LEADERSHIP TRAINING

What is Leadership?

Leadership is frequently defined as a process in which one person influences other individuals in their attainment of a common goal (Stogdill, 1974; Lord 1977). Hence, leadership is an interactive process involving the individual and his or her environment. Learning to be a leader is, in many regards, a developmental process. Beginning very early in life, each of us learns behaviors that influence our

environment. That learning occurs both formally and informally through much of our lives. An academic curriculum, for example, is aimed at teaching attitudes, skills, and professional values that will influence our own and others' behaviors.

Current thinking in leadership research suggests that leadership success is contingent upon an individuals's ability to interact successfully with her or his environment. Thus, an important part of leadership development has to do with the development of skills that enhance social influence, such as communication skills, understanding human and group dynamics, negotiation, and other skills related to successful human interaction. Leadership training often teaches interpersonal skills relative to creating a favorable climate in which to exercise leadership.

Training potential leaders in MCH should also attend carefully to personal and professional development. This type of training lends itself to both preservice and continuing education. As preservice, professional development is important as a part of any disciplinary training, including both clinical and administrative disciplines. Continuing education or in service opportunities build upon the professional development that has already occurred.

Training Competencies. The primary goal is to prepare graduates who have shown evidence of leadership behaviors and who have the potential for ongoing leadership growth and development. In order to accomplish this goal, the main objective is to develop trainee competencies. These competencies should include: a) knowledge and skills related to the trainee's own discipline; b) interdisciplinary knowledge and skills; c) the ability to analyze the leadership needs presented by various economic, political, and social situation within the environment; and d) the ability to exercise leadership in many situations and contexts. Leadership activities by trainees might include facilitating a meeting, program planning, program implementation, negotiating collaborative working agreements/partnerships with groups or organizations within a community. More complex leadership functions, such as representing an agency at public hearings, negotiating budgets and contracts, serving on state and national task forces, directing programs, advocating for needed services for children and families, or developing social policies, will be developed and refined throughout the trainee's professional career.

The success of a leadership training program will depend upon: a) the desire for learning and the capabilities of the student trainee b) the ability of the MCH training program to provide a positive environment in which faculty can educate and offer opportunities for participating in leadership activities; and c) the ability of the faculty to train students to understand their leadership potential and how to analyze the various situations and environments in which they may be working. Leadership training should not be a separate course or curriculum but an approach which is integrated into all training activities and situations that promote an awareness of the "larger picture" and the development of interactive skills needed to make an impact on children, families and communities.

This information was summarized from the document "Leadership Training: The Report of Two MCH-Sponsored Workshops." For additional details please refer to this document which can be found in the application packet or may be obtained from Ms. Denise Sofka at (301) 443-0344.

IV. CURRICULUM

The training program design, competencies, and curriculum must prepare interdisciplinary health professionals for the full range of childhood neurodevelopmental disabilities and new roles they will play in the emerging health care system for children with special health care needs and their families.

If children with special health care needs and neurodevelopmental disabilities are to be well-served in the emerging system, competent leadership is needed in the disciplines specified. Consequently, educational programs must prepare professionals to work in new settings which emphasize primary care, high quality, cost effective, community-based, integrated services; work in true partnership with families; respond to the growing diversity of the population; manage information effectively; work across systems toward integration of care; contribute to policy discussions; and address ethical and legal issues.

Maternal and Child Health Bureau support of these programs is justified on the basis of educating and training health professional personnel, as defined in this guidance, in an interdisciplinary manner and setting, for leadership roles in improving care for children with neurodevelopmental and related disabilities, and their families. Graduate education must be provided at the master's, and/or doctoral levels.

Central to this purpose is the interdisciplinary nature of the program, which requires that there be a core of clinical and didactic curriculum and experience which brings together all faculty and long-term trainees in such a manner and for such periods of time as are necessary for the interdisciplinary process to be effectively demonstrated and practiced. The plan must define the content and process which will assure that this requirement is satisfied within the context of the focus of the program.

A. Content

C The curriculum must clearly define how the training program incorporates the following content in order to assure an adequate base of knowledge and experience. Content and philosophy must be geared toward the purposes specified above. Programs must develop clear, measurable educational objectives for an interdisciplinary core

curriculum (clinical and didactic) which incorporates the acquisition of knowledge of:

-- all aspects of neurodevelopmental and related disabilities including but not

limited to social adaptation, genetics, and primary, secondary and tertiary aspects of prevention and health promotion;

-- knowledge of the social environment - the family, community, school, etc.; and

-- acquisition of interdisciplinary team skills.

C Content and philosophy must be geared to preparation of graduates to assume leadership roles in the development, improvement and integration of systems of care, especially in programs providing maternal and child health services, including those for children with special health care needs, in community-based, family-centered settings.

C Curriculum, both didactic and experiential, is necessary to develop leadership skills and foster a broad public health perspective and must include, but is not limited to, advocacy, public policy formulation, legislation, rule making, financing, managed care, community needs assessment, program planning and evaluation, standards of care, budgeting, program administration, and consultation.

C Curriculum must include content about the differing social, cultural and health practices of various ethnic and nationality groups, and the implications of these relative to health status and provision of health care in a culturally and linguistically appropriate manner.

C Curriculum must include, either as discrete topics or as topics integrated in other components, information relative to various service provision models and approaches and the development and implementation of systems of health care. Programs must include information on the variety of financing of care arrangements and payor plans that are representative of systems of care across the nation.

C The curriculum must emphasize appropriate content relative to MCH/Title V and related legislation, as well as content relating to:

-- science-based judgement, evidenced-based practice and documentation of quality outcomes and performance within an established plan of care;

-- expansion of the direct service roles to include consultation, and collaboration and supervision; and,

-- various service delivery models and approaches.

C Curriculum must include theoretical and clinical components which provide students with working knowledge of Title V of the Social Security Act as amended, and other programs such as Title X (Family Planning), XIX (Medicaid/EPSDT), XXI (State Children's Health Insurance Program); WIC and Food Stamps Assistance; and other related maternal and child health programs, both public **and** private.

C Curriculum must reflect awareness of emerging health problems and practice issues, and the *Healthy People National Health Promotion and Disease Prevention Objectives*.

C Curriculum must include the implementation of health promotion and disease prevention efforts and the *Bright Futures Second Edition: Guidelines for Health Supervision of Infants, Children and Adolescents.*

C Curriculum must incorporate the use of current technology for educational purposes, off-site consultation, communication and information acquisition and processing, e.g., CD-ROM, e-mail, an Internet-based clinical consultation, family information Web site.

C All programs must provide for the conduct of collaborative research by the faculty and by trainees under their supervision, e.g., contributing new knowledge, validating effective intervention strategies, assessing quality, or linking intervention to functional outcomes and quality of life.

C Training must include provision of clinical/community services to culturally, ethnically, and racially diverse populations including those at special risk because of living in sparsely populated areas with limited resources; living in poverty; using a language other than English; and coping with a chronic illness or disability.

C Programs must have a MCH focus with an emphasis on preventive, diagnostic, treatment, management, and follow-up care within the context of family and community systems.

B. Clinical Preparation

C Training must include those clinical and non-clinical elements and components specified

below. The plan must describe each type of training activity with regard to purpose, methodology, content, time commitment, and method of evaluation.

- Training should be based on a medical home model and comprehensive, exemplary, interdisciplinary clinical services which are family-centered, and culturally and linguistically appropriate. Focus should be on prevention, early detection, assessment, care coordination, and treatment, including care at home and follow up, of children who have, or are at risk for, neurodevelopmental and related disabilities. Training should occur both in clinical settings under the direction of the funded program, if possible, and in community-based settings with client populations representative of the cultural, social and ethnic diversity of the community.

- Consultation and technical assistance to develop or improve community based services should be provided by program staff and should be utilized to enhance trainee exposure to and understanding of such services.

- The project plan must describe the patient population, diagnostic categories and services, and the various functions related to the provision of such services.

C. Research

- Faculty are encouraged to engage in research relevant to the purposes of the program. Training funds may not be utilized for support of research, but reasonable commitments of faculty time to research activities, when such activities contribute to training purposes, will be construed as falling within the required time commitments to the training program.

- All trainees are expected to receive exposure to, and to achieve basic understanding of, research principles, methodology, and application. This may be achieved through formal course work, lectures, presentations and participation in a research activity or combinations of these and/or other methods.

- The nature and degree of research exposure and involvement should be commensurate with the level (prior training) of the trainee and length of training involvement. Long-term doctoral and postdoctoral trainees are required to conduct a specific research activity, either as an individual investigator with appropriate faculty advice and mentorship, or collaboratively with other trainees and/or faculty.

D. Settings

- It is expected that the clinical component of the training will occur both within the primary program setting and in diverse community settings.

- The primary setting must provide sufficient and appropriate space for core faculty and student offices and for clinical and teaching activities, and the training plan must be structured to assure sufficient formal interaction and informal association to accomplish and enhance the interdisciplinary process and practice on which the program is based.

E. Types of Trainees

- Trainees may be supported in each of the professions represented by the core faculty. Since the intent of the LEND programs is to promote an interdisciplinary health professions team model of care provision, sufficient numbers of students from the appropriate variety of disciplines indicated are necessary both to learn and practice these principles.

- The Project Plan should include criteria for and a description of methods of recruitment to assure selection of qualified students from diverse population groups.

- Trainee support varies by discipline in accordance with standards of the profession, availability of other support, nature of training required to meet program goals, and other factors. The applicant is referred to "Guidelines for Trainees and Fellows", which is enclosed in the application kit.

- The following outline is intended as a guide for the types of trainees/fellows generally supportable in each profession and consonant with core faculty requirements:

    1. Developmental Pediatrics and other relevant pediatric medical specialties (e.g., Child Psychiatry, Pediatric Neurology, Neurodevelopmental Disabilities, Behavioral Pediatrics, and/or Medical Genetics) can be supported as special post-residency fellowships three years in duration. Family practice may also be considered as a post-residency fellowship, provided a pediatric emphasis can be demonstrated.

    2. Nursing - master's or doctoral candidates. Consideration may be given to post-master's and post-doctoral fellowships.

3. Social Work - master's or doctoral candidates. Consideration may be given to doctoral candidates in a clinical sequence and to clinical fellowships.

4. Nutrition - master's or doctoral candidates. Consideration may be given to post-master's and post-doctoral clinical fellowships.

5. Speech Pathology - master's or doctoral candidates. Consideration may be given to post-master's and post-doctoral clinical fellowships.

6. Audiology - master's or doctoral candidates. Consideration may be given to post-master's and post-doctoral clinical fellowships.

7. Pediatric Dentistry - post-doctoral trainees in graduate pediatric dentistry programs.

8. Psychology (in any specialization in which the focus is on child health and development) - doctoral candidates and post-doctoral clinical fellowships.

9. Occupational Therapy - master's or doctoral candidates. Consideration may be given to post-master's and post-doctoral clinical fellowships.

10. Physical Therapy - master's or doctoral candidates. Consideration may be given to post-master's and post-doctoral clinical fellowships.

11. Health Administration - master's candidates. Consideration may be given to post-master's clinical fellowships.

F. Continuing Education and Development (CED)

C Applicants must present evidence of their ability to be an educational resource and must conduct at least one substantive CED activity per year. These may include a symposium, conference, workshop, distance learning event, etc. Where more than one LEND program exists in a state or region they are strongly encouraged to collaborate on joint efforts to maximize resources. The general plan for the conduct of such activities should be defined in the plan.

C CED programs must be developed with the assistance of a planning committee which is ethnically diverse, and representative of those disciplines and settings from which the target audience will be drawn.

- Programs will both coordinate their individual efforts and collaborate in the development of mutual projects of significance to the MCH community.

- Programs are encouraged to consider alternate (i.e. distance learning) training approaches, which reduce the need for extensive participant travel and related costs. Modest cost-recovery registration fees may also be collected to extend the coverage of grant award funds.

G. Title V Program Technical Assistance and Consultation

- Applicants must document that they have active, functional relationships with Title V agencies and programs within the State/region. Consultation and technical assistance to develop or improve services should be provided by program faculty and should be utilized to enhance trainee exposure to and understanding of such services.

- To enhance trainee exposure to and understanding of such services, applicants must identify active, functioning, collaborative relationships (e.g., consultation, training, advisory committees, and joint appointments) between the proposed program and existing State MCH/CSHCN programs; other MCHB training projects; other Title V programs such as Healthy Tomorrows Projects, CATCH projects; Titles X (Family Planning), XIX (Medicaid/EPSDT), XXI (State Child Health Insurance Program); WIC and Food Stamps Assistance; State Developmental Disabilities Agencies; Special Education; State Social Welfare agencies; State Juvenile Justice; and, other related maternal and child health programs, both public (CDC, NIH, etc.) and private (Foundations, AAP, Managed Care Organizations etc.), located in the same geographic area as the applicant.

H. Development & Dissemination of Educational Resources

- As Centers revise and develop new curricular materials, teaching models, and other educational resources and references in response to new research findings and developments in the field of MCH, they should disseminate information about these and make them available to LEND programs and/or other relevant training programs in order to enhance attention to MCH programs without this emphasis.

V. BUDGET

The following principles provide vital information for budget development:

- Applicants must develop budgets to cover the costs associated with the program specifications and requirements stated in this guidance and must be commensurate with the scope of the program proposed in the application.

- All budgets must provide satisfactory details to fully explain and justify the resources needed to accomplish the training objectives. This justification must provide explicit qualitative and quantitative documentation of required resources, productivity, and expected outcomes. Components to highlight include current strengths, proposed program activities, breadth of disciplines, Title V activities, and continuing education efforts.

- Budget justifications must provide explicit qualitative and quantitative documentation of expected program performance and outcomes.

- Budget justification must document support provided to long term trainees either through this grant or through other sources.

- All applicants must relate budget information and resource requests to such indicators as the number of leadership trainees, the innovative nature of their training and preparations, the manner by which training is focused on evolving health care systems, the integration of those
training activities within the overall mission of the MCHB, and the impact that the leaders who graduate from these training programs have had since graduation.

- Budgets may reflect certain economic factors that may cause amounts to be higher or lower than average costs, e.g., special program emphases, features or accomplishments, cost of living, type of institution of higher learning, community resources, etc.

- Funding history and past performance will be taken into account, but it will not fully determine the magnitude of future support. Budgets for new programs will be judged accordingly.

- Programs must fully justify their requests by describing and identifying goals, plans, and outcomes that will be achieved by the program during the project period. It must be documented that the program plays a significant role in regional and/or national matters, including the extent to which the graduates have played major leadership roles related to maternal and child health and children with neurodevelopmental disabilities.

- Approximately $10.3 Million is available for this competition. We anticipate awarding 17 to 19 grants. Awards are subject to adjustment after program and peer review. If this occurs, program components and/or activities will be negotiated to reflect the final award.

- Budgets which are developed without regard to complete justification associated with these considerations will work against the best interests of the applicant.

VI. OTHER SUPPORT

MCHB project funds may not be used for staff not functioning within the purposes of the approved training project plan. Support for service personnel and operation of clinical facilities can be approved only to the extent required for meeting requirements of the training program funded by MCHB. Such support does not extend to components utilized primarily for other purposes
(e.g., school or adult services). Support costs for areas or services shared with other non-MCHB supported programs must be prorated with such programs.

APPLICATION PROCESS

ASSISTANCE

Inquiries relative to clarification of program content/professional issues should be directed to:

Denise Sofka, M.P.H.
Maternal and Child Health Bureau
5600 Fishers Lane, Room 18A-55
Rockville, MD 20857
Telephone/Voice: (301) 443-0344
Electronic Mail: dsofka@hrsa.gov

Please notify Ms. Denise Sofka of your intent to apply by: August 15, 2000

Inquiries relative to clarification of business, administrative or fiscal issues should be directed to:

Constance Davenport
Grants Management Branch
Maternal and Child Health Bureau
5600 Fishers Lane, Room 18-12
Rockville, MD 20857
Telephone/Voice: (301) 443-1440
Electronic Mail: cdavenport@hrsa.gov

DUE DATE AND MAILING ADDRESS

The application deadline is October 12, 2000. Applications will be considered to have met the deadline if they are received or postmarked on or before the due date and are received in time for orderly processing and review. The signed original and two copies should be mailed or delivered to the following address:

Grants Management Officer (CFDA #93.110TM)
HRSA Grants Application Center
1815 North Fort Meyer Drive
Suite 300
Arlington, Virginia 22209
1-877-4772 (HRSA)-123
E-Mail: HRSA.GAC@hrsa.gov

QUALIFIED APPLICANTS

Universities with an accredited medical school which have defined working departments providing graduate training in all requisite core disciplines identified in the program elements and requirements for MCH Interdisciplinary Leadership Education for Children with Neurodevelopmental and Related Disabilities. Such agreements may be either with components of the applicant institution or with one or more other institutions of higher learning through formal affiliation agreements. Although multiple institutions and programs may, and are encouraged to participate, the application must be submitted by the university at which the major medical and other health profession schools or departments are located. Programs must already be established in the specialization area for which application is made with documented graduates.

FUNDING

Approximately $10.3 Million is available for approximately 17 to 19 grants. Guidelines regarding the qualifications and support of trainees/fellows is found in Appendix B. All grant awards are subject to the appropriation and availability of funds.

PROJECT/BUDGET PERIODS

Applicants may request up to a five-year project period. The initial budget period will be July 1, 2001 through June 30, 2002.

GENERAL PROGRAM REQUIREMENTS

Smoke Free Environment

The Maternal and Child Health Bureau strongly encourages all grant recipients to provide a smoke-free workplace and promote the non-use of all tobacco products. In addition, Public Law 103-227, the Pro-Children Act of 1994, prohibits smoking in certain facilities (or in some cases, any portion of a facility) in which regular or routine education, library, daycare, health care or early childhood development services are provided for children.

Healthy People 2010

The Health Resources and Services Administration (HRSA) and MCHB are committed to achieving the health promotion and disease prevention objectives of Healthy People 2010. Potential applicants may obtain a copy of Healthy People 2010 (Summary Report: Stock No. 017-001-00543-6) through the Superintendent of Documents, Government Printing Office, P.O. Box 371954, Pittsburgh, PA 15250-7954 (telephone 202-512-1800). It is also available on-line. Go to www.health.gov/healthy people/publications.

Special concerns

HRSA's Maternal and Child Health Bureau places special emphasis on improving service delivery to women, children and youth from communities with limited access to comprehensive care. This same special emphasis applies to improving service delivery to children with special health care needs. In order to assure access and cultural competence, it is expected that projects will involve individuals from populations to be served in the planning and implementation of the project. The Bureau's intent is to ensure that project interventions are responsive to the cultural and linguistic needs of special populations, that services are accessible to consumers, and that the broadest possible representation of culturally distinct and historically under represented groups is supported through programs and projects sponsored by the MCHB.

Cultural Diversity

HRSA's Maternal and Child Health Bureau places special emphasis on improving service delivery to women, children and youth from communities with limited access to comprehensive care. In order to assure access and cultural competence, it is expected that projects will involve individuals from the populations to be served in the planning and implementation of the project. The Bureau's intent is to ensure the project interventions are responsive to the cultural and linguistic needs of the special populations, that services are accessible to consumers, and that the broadest possible representation of culturally distinct and historically under represented groups is supported through programs and projects sponsored by the MCHB. The same special emphasis applies to improving service delivery to children with special health care needs.

Cultural Competence

Cultural competence is defined as a set of values, behaviors, attitudes, and practices within a system, organization, program or among individuals and which enables them to work effectively cross culturally. Further, it refers to the ability to honor and respect the beliefs, language, interpersonal styles and behaviors of individuals and families receiving services, as well as staff who are providing such services. Cultural competence is a dynamic, ongoing, developmental process that
requires a long term commitment and is achieved over time.

At a system, organizational or program level, cultural competence requires a comprehensive and coordinated plan. This may include consideration of the role of cultural competence as it relates to: (1) policy making; (2) infra-structure building; (3) program administration and evaluation; (4) the delivery of services and enabling supports; and (5) the individual - both those delivery and receiving such services and enabling supports.

At the individual level, cultural competence requires an understanding of one's own culture and world view. Cultural competence necessitates one acquire values, principles, areas of knowledge, attributes and skills to work in cross cultural situations in a sensitive and effective manner.

Cultural competence mandates that organizations, programs and individuals must have the ability to:

1) value diversity and similarities among all peoples;

2) understand and effectively respond to cultural differences;

3) engage in cultural self-assessment at the individual and organizational levels;

4) make adaptations to the delivery of services and enabling supports; and

5) institutionalize cultural knowledge.

Evaluation

Evaluation and self-assessment are critically important for quality improvement and assessing the value-added contribution of the Title V investments. Consequently, all maternal and child health grant awards are expected to participate in MCHB evaluations and incorporate a carefully designed and well planned evaluation protocol capable of demonstrating and documenting measurable progress toward achieving the project's stated goals. The protocol should be based on a clear rationale relating to the grant activities, the project goals, and evaluation measures. In addition, wherever possible, the measurements of progress toward goals should focus not only on the educational program objectives but on their health outcome implications as well.

REVIEW PROCESS AND CRITERIA

All applications will be reviewed by a panel of experts convened for this purpose. The criteria which follow are used, as pertinent, to review and evaluate applications for awards under all SPRANS grants and cooperative agreement project categories. The panel will recommend approval or disapproval of each application based on its assessment of the degree of responsiveness to and compliance with the applicable review criteria and the technical and programmatic requirements embodied herein and identified in the application guidance materials. These include:

1. The extent to which the project will contribute to the advancement of Maternal and Child Health and/or improvement in the health of children with neurodevelopmental and related disabilities.

2. The extent to which the project is responsive to policy concerns applicable to MCH grants and to program objectives, requirements, priorities and/or review criteria for specific project categories, as published in program announcements and guidance materials;

3. The extent to which the estimated cost to the government of the project is reasonable, considering the anticipated results;

4. The extent to which the project personnel are well qualified by training and experience for their roles in the project and the applicant organization has adequate facilities and personnel;

5. The extent to which the proposed activities, if well executed, are capable of attaining project objectives;

6. The strength of the project's plans for evaluation;

7. The extent to which the project will relate to the Maternal and Child Health block grant, other Title V funded training programs, State public health and prevention programs, and other related programs in the applicable States; and

8. The extent to which the application is responsive to the special concerns and program priorities specified in the notice.

FORM PHS-6025-1 AND SPECIFIC INSTRUCTIONS

All applications for training programs must be submitted on form PHS-6025-1. (Appendix A). The accompanying instructions include **general** guidelines and outlines for the three major narrative components of the application: the abstract of proposal, the detailed description of the project (project plan), and the Five-year summary progress report. **Specific** guidelines for applications in the LEND category are included in the following appendixes:

Appendix B - Guidelines for Trainees/Fellows

Appendix C - Outline for Detailed Description of Project (Narrative Training Project Plan)

Appendix D - Guidelines for Abstract of Training Project

Appendix E - Outline for Summary Progress Report

APPENDIX A - Form PHS-6025-l, including General Instructions

Download from the MCHB Home Page, Grants Guidance, Grant Application Forms.

APPENDIX B - Guidelines for Trainees/Fellows

A. Definitions

1. A trainee is an individual whose activities within the training program are directed primarily toward achieving an advanced degree.

2. A fellow is an individual who has met at least the minimum standards of education and experience accepted by his/her respective profession and whose activities within the training program are for the primary purpose of obtaining or enhancing particular skills or knowledge.

B. Qualifications

1. A trainee must have at least a baccalaureate degree and be enrolled in a graduate program.

2. A fellow must have achieved the academic degree and completed requisite training which constitutes the basic professional level training for his/her field.

3. A postdoctoral fellow must have an earned doctorate and must have completed any required internship.

4. A postresidency fellow must have an earned medical degree and must have satisfied requirements for certification in a specialty relevant to the purpose of the proposed training.

5. A special fellow may be approved, upon request to the MCHB, only in those unusual circumstances where particular needs cannot be met within the categories described above.

6. Citizenship
A fellow or trainee must be a United States citizen, or, as an alien, must have been admitted to the United States with a permanent resident visa.

7. Licensure

For any profession for which licensure is a prerequisite, the applicant must also be licensed by one of the States, or, in the case of foreign graduates, meet other requirements which legally qualify him/her to practice his/her profession in the United States.

C Restrictions

1. Concurrent Income

In most instances stipends may not be granted to persons receiving a concurrent salary, fellowship or traineeship stipend, or other financial support related to his/her training or employment. In the case of part-time trainees/fellows, financial exceptions may be requested and will be considered on an individual basis. Tuition support may be provided to full-time or part-time trainees.

2. Nonrelated Duties

The training institution shall not require trainees or fellows to perform any duties which are not directly related to the purpose of the training for which the grant was awarded.

3. Field Training

Training institutions may not utilize grant funds to support field training, except when such training is part of the specified requirements of a degree program, or is authorized in the approved project plan.

4. Other

Grant funds may not be used: (a) for the support of any trainee who would not, in the judgment of the institution, be able to use the training or meet the minimum qualifications specified in the approved plan for the training; (b) to continue the support of a trainee who has failed to demonstrate satisfactory participation; or (c) for support of candidates for undergraduate or preprofessional degrees, or the basic professional degrees of R.N.

D. Trainee Costs

1. Allowable Costs

a. Stipends

b. Tuition and fees, including medical insurance

c. Travel related to training

For a few institutions it is beneficial to support trainees through tuition remission and wages. Tuition remission and other forms of compensation paid as, or in lieu of, wages to students (including fellows and trainees) performing necessary work are allowable provided that there is a bona fide employer-employee relationship between the student and the institution for the work performed, the tuition or other payments are reasonable compensation for the work performed and are conditioned explicitly upon the performance of necessary work, and it is the institution's practice to similarly compensate students in nonsponsored as well as sponsored activities. The determination as to the allowableness of such compensation as a charge to a grant will be made on the basis of the cost principles without regard to whether the compensation is or is not taxable.

2. Nonallowable Costs

a. Dependency allowances
b. Travel between home and training site, unless specifically authorized
c. Fringe benefits or deductions which normally apply only to persons with the status of an employee

3. Stipend Levels

All stipends indicated are for a full calendar year, and must be prorated for an academic year or other training period of less than twelve months. The stipend levels may, for the Maternal and Child Health Training Program, be treated as ceilings rather than mandatory amounts, i.e., **stipends may be less but may not exceed the amounts indicated.** However, where lesser amounts are awarded the awarding institution must have established, written policy which identifies the basis or bases for such variation and which ensures equitable treatment for all eligible trainees/fellows.

a. Postdoctoral
Years of Relevant

Experience*	Maximum Amount
0	$26,256
1	27,720
2	32,700
3	34,368
4	36,036
5	37,680
6	39,348
7 or more	41,268

*Determination of the "years of relevant experience" shall be made in accordance with program guidelines and will give credit to experience gained prior to entry into the grant-supported program as well as to prior years of participation in the grant-supported program. The appropriate number of "years" (of relevant experience) at the time of entry into the program will be determined as of the date on which the individual trainee begins his/her training rather than on the budget period beginning date of the training grant. Stipends for subsequent years of support are at the next level on the stipend chart.

b. Predoctoral

The stipend level for each full-time predoctoral trainee, whether supported by a fellowship or other individual award, or appointed under a MCH training grant, shall be $14,688 per year.

All stipends indicated are for a full calendar year, and must be prorated for an academic year or other training period of less than twelve months.

c. Supplements to Stipends

Stipends specified above may be supplemented by an institution from non-federal funds. No Federal funds may be used for stipend supplementation unless specifically authorized under the terms of the program from which the supplemental funds are derived.

APPENDIX C - Outline for Detailed Description of Project (Narrative Training Project Plan)

MCH LEADERSHIP EDUCATION FOR CHILDREN WITH NEURODEVEOPMENTAL AND RELATED DISABILITIES

All project plans should be developed in accordance with the format and general instructions outlined in the instructions for form PHS-6025-1 (Appendix A). **Specific content, program emphases, etc., applicable to LEND Program grants should be derived from the special requirements and program elements section of the Guidance.**

Each page must be numbered. The Detailed Description of Project **must not exceed 40 pages** of narrative, exclusive of appendices, and an index of the plan and appendices must be included. If page limit is exceeded these pages will not be reviewed.

Type Size

Size of type must be at least 10-point; 12-point is preferable. Type density must be no more than 15 characters per inch. No more than six lines of type must be within a vertical inch. Figures, charts, legends, footnotes, etc., may be smaller or more dense than required above but must be legible.

Appendices

All material included in appendices must be relevant, brief and should be limited to the items listed below, as applicable: **Appendices should not exceed 70 pages**

A. Descriptions of committees, such as planning committees, which are a part of the program, including the composition, function, and responsibilities of each.

B. Copies of agreements/commitments, letters of understanding or similar documents defining the relationships between the proposed program and collaborating departments/institutions, organizations, or agencies, and the responsibilities of each. (Pro-forma letters of endorsement should not be included.)

C. Maps, floor plans, and charts indicating the location(s) and settings of training activities.

D. Curriculum of the program.

E. Position Descriptions specific to the role on this grant for professional and technical positions for which grant support is requested, and for similar positions with significant roles in the program, even though supported from other sources. Job descriptions should spell out specifically **administrative direction** (from whom it is received and to whom it is provided), **duties and responsibilities** (what is done and how), and the **minimum qualifications** (the minimum requirements of education, training, and experience necessary for accomplishment of the job). A job description should **never exceed two pages** in length.

F. Biographical sketches or Curricula Vitae for each incumbent in a position for which a job description is submitted. Follow instructions and include all information on the Biographical

Sketch form included in form PHS-6025-1 (Appendix A)

APPENDIX D- Guidelines for Abstract of Training Project New and Renewal Applications

Each application must include an abstract of the project that can be published in the annual Maternal and Child Health Bureau (MCHB) publication entitled Abstracts of Active Projects. The Abstract should not exceed three pages and the pages should not be numbered.

Each copy of the application must include a copy of the abstract. It should be placed between the Table of Contents and page 4 (detailed budget). One original print copy and a disk of the abstract should be submitted in a large envelope or file folder.

The National Center for Education in Maternal and Child Health (NCEMCH) proofreads and prepares for publication the abstracts of all newly funded programs. To facilitate this process, please follow the procedures described below:

1. An **original** copy of the abstract is critical if you cannot send a disk. It may be possible to scan the document and thus avoid the need to rekey the text. Scanning works best with an original (rather than a photocopy) of the document. Please use plain paper (not letterhead or paper with borders or lines) and avoid "formatting" (do not underline, use bold type, or justify margins). If possible, use a standard (non-proportional) 12 pitch font or typeface, such as courier.

2. The disk will facilitate the editing process. NCEMCH has the ability to convert the following software packages: MacWrite, Microsoft Word, WordPerfect, WordStar, MultiMate, Display Write 3, OfficeWriter, Word for Windows, WorksWP, XY Write III, and files saved in DCA format. If you are using a software package other than these, please send your disk as a text only (ASCII) file. On the disk label please write which software package you have used, and the name of your institution, project category and MCJ number (if you have one).

The following guidelines are being provided to assist applicants in preparing acceptable abstracts. The abstract should include the following components:

1. Project Identifying Information

Project Title:	List the title as it appears on the application.
Grant #/MCJ Number:	This is the number assigned to a project when funded.
Project Director:	The name and degree(s)/credentials of the project director as listed on the grant application.
Contact Person:	The person to be contacted by those seeking information about the project, if different from the Project Director.
Grantee Organization:	The applicant organization to receive the grant.
Address:	For the Contact Person, the complete mailing address, including street and/or post office box, city, state, and zip code.
Phone Number:	Include area code, phone number, and extension.
FAX Number:	Include area code with FAX telephone number.
E-mail Address:	Include electronic mail address.
World Wide Web:	MCHB has established its own Web site, and would like to collect Web addresses of its grantees
Project Period:	Include the entire requested funding period for the project, not simply the one-year budget period.

2. Narrative Text of Abstract

Prepare a (single-spaced) two- to three-page (no more!) description of your project, following the outline in Form PHS-6025-1.

APPENDIX E - Outline for Summary Progress Report
New or Renewal Application

A summary progress report is required as a part of all applications for renewal of projects which have reached the end of their approved project period. It is optional for new applications. Such reports are intended to summarize significant activities, accomplishments, and problems of, or related to, the project during the entire project period (three years). Progress reports may be less than, but must not exceed 25 pages, inclusive of appendices. (Listing of trainees and publications does not count against this total). Use tables or charts to present data where appropriate. Submit the Progress Report with the Project Plan, but as a separate document.

The following outline should be followed, to the extent the requested information is pertinent to the program being reported.

A. Period Covered - State the start and completion dates of the project.

B. Specific Objectives - Briefly state the goal(s) and objectives of the Project.

C. Results - Describe the program activities and the accomplishments. Provide negative results or problems that may be important. Indicate any organizational changes affecting the structure or placement of the program, as well as significant changes in administration, faculty/staff, resources, facilities, etc.

D. Evaluation - Describe the quantitative and qualitative measures used to evaluate the project. Enumerate project outcomes and specify achievement of each objective. The following elements should be included:

Training - Identify, in tabular form, by year, the numbers, kinds, and levels of trainees in the program. Each trainee who completed training during the approved project period should be listed along with his/her racial/ethnic identity and current employment.

Continuing Education - Presentations/seminars and workshops/conferences should be reported, indicating number, type, purpose, attendees (discipline and agency identification), etc., for each. If Continuing Education Credit was granted this should be indicated.

Services Provided - Identify what services have been provided to what groups or persons and/or to what institutions or agencies . This includes consultation and technical assistance to programs as well as clinical services to mothers, children, and families. Clinical data should reflect such information as age groupings, race/ethnicity, conditions identified (diagnoses), etc. The use of charts and tables to present these data is encouraged.

Publications - A list of all publications/products resulting in whole or in part from the project should be included. A single copy of recent publications which have not been included with previous annual progress reports should be submitted. Do not submit unpublished manuscripts.

Program Development - Describe any additional activities the program has accomplished that are noteworthy. Significant problems or impediments to program implementation should also be identified.

E. Title V Program Relationships - Describe the activities related to, or resulting from, established relationships of the program and faculty with state and local Title V agencies and programs in the community, state, and region. This should include consultation, technical assistance, training, and education.

F. Regional and National Significance - Describe significant contributions of the program to the improvement in health of mothers, children, and families.

G. Value Added - Explain how this training grant has made a difference in your program, department, medical school, and community. What accomplishments and benefits would not have been possible without this support.

H. Year 2010 National Health Promotion and Disease Prevention Objectives - Identify the Objectives that this training program has addressed.